



Public Health Programs Today and Tomorrow

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PUBLIC HEALTH is moving forward so rapidly today that it seems the past is still too much with us and the future is already here. Perhaps a bit of my own past is appropriate at this point.

Enforcing a public health law once led me to kill a man. I was a health officer and had gone to get a man who was absent without leave from a tuberculosis sanatorium where he had been sent under an isolation and quarantine order. I found him early one evening fishing by the side of a stream. He looked very pleasant as he sat there, deep in contemplation. A nice enough fellow, about 45 years old, he was one of those persons who even now stay indoors in winter in tuberculosis treatment centers but move out in summer. This man had gone further. He had violated a law. It was my duty to return him to the sanatorium.

But he said, "Doc, I'm not going anywhere tonight. I have no car. I've got these beautiful fish here, and it's going pretty good. I think I'll get a big one for supper. Come back tomorrow morning. We can't get up to the sanatorium until tomorrow anyway."

I was persuaded, went back to town, and took a room in a hotel. In the morning I went back to the lake. He was hanging from a tree.

Perhaps you wouldn't call that murder in the legal sense. I was never charged with it, except by my own conscience. But this little episode illustrates that some of our older public health work—and the legal aspects of it—today remains unfinished. The law of isolation and quarantine, promulgated to achieve the control

of communicable diseases, is the oldest public health law. It is still in force today and still needs review.

Public health and much of its law came into being as a means of assuring industrial civilization, with its assembly of people in large urban complexes, a means of combating epidemic disease. The control of tuberculosis presents a practical case in which public health depends upon law. We first attempted to control this disease through such measures as isolation and quarantine and promulgated a law to enforce them when necessary. The enforcement of this law does not often, of course, bring such consequences as I experienced. We have also sought to control tuberculosis by medical care, health education, laboratory services, and the like. In a sense we have now come full circle, for in approaching the current campaign, the eradication of tuberculosis, we are reverting to the oldest means of controlling the disease, isolation and quarantine. We depend now on the law to deal with the problem of the recalcitrant, that is, the kind of patient whom I once met by the side of that stream.

As we proceed toward the eradication of this disease, we are faced with other absorbing problems. We have progressed so far in the control of communicable diseases that we must now deal in public health with a whole new set of diseases, the chronic diseases, such as cancer, heart disease, and rheumatism.

Cancer is in a sense also an epidemic disease. Look at the tremendous increase in lung cancer, a disease which now causes some 40,000 deaths annually in this country. When many of us attended medical school, the disease was so rare as hardly to be given a line in the textbooks. Now it is by far the leading cause of cancer

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deaths among American men. The origin of the increase was a change in our smoking habits, specifically the habituation of American men, and increasingly American women, to cigarette smoking. Lung cancer is becoming an epidemic disease in the real sense of the word. Many people think that the word "epidemic" has something to do with contagion; this is only by adaptation. The original meaning of epidemic is something which is "upon the people."

We also have other epidemics of cancer. In the western States a couple of years ago, a tremendous epidemic of liver cancer occurred, with tens of thousands of cases. Some of you may be wondering why you did not read about it. It went largely unnoticed in the press, perhaps because the disease did not affect man. Rather, it occurred among trout. A change in the diet of the trout, as the Fish and Game people raise them in hatcheries, produced a tremendous epidemic of liver cancer among the trout. Only by reverting to the prior diet was the epidemic controlled. When one thinks of the significant changes being introduced into man's way of life, such as in the preservation of his food, with only limited knowledge of what is happening in the process, the wonder is that such a disease as trout hepatoma has not affected man.

The rapidity of change in our chemical environment is one of our most serious concerns today. What happened to the trout may happen to man. This change typifies one set of public health problems we must deal with.

I shall mention briefly the types of activities which public health must carry out for the control of some of our modern diseases and also how one public health physician (very much a layman in legal matters) interprets the legal implications of these changes.

In public health programing at the present time, more and more emphasis is going to research. As a matter of fact, research is the best—one might even say the only—well-supported aspect of public health work today. We are all familiar with the National Institutes of Health and the tremendous influence they have had not only upon universities but also increasingly upon State and local health departments.

In public health, we still depend upon education to a considerable extent. Increasingly we

need to enlist behavioral scientists to assist us in dealing with the habit patterns that are deleterious to people's health.

Medical care has become extremely important. Time was when it was merely a custom to see the doctor; how much actual good the visit accomplished was questionable. Today, however, what the physician does in the hospital or in his office can actually be lifesaving or prevent serious morbidity. Medical care has become really important in preserving health. That is the reason, it seems to me, more than the commonly ascribed reason of economics, why there is so much public concern about extending medical care. Medical care is becoming important to people's health, and people now regard it as a social right, just as they do food, clothing, and shelter.

There is a new series of developments in environmental health. New chemicals in our environment are becoming major threats to health, as in cigarette smoking, in the trout hepatoma episode, and in radiation. One difficult problem, which affects the legal aspects as well as research and control measures in environmental health, is the long delay between exposure to the particular chemical or physical situation in the environment and the development of the disease. It was relatively simple when drinking polluted water led to clear-cut disease within a few days or at the most a few weeks. Now we may be exposed to an injurious substance or circumstance over a period of sometimes several decades before the consequences become evident. This is why Rachel Carson and others have aroused so much concern among public health workers, as well as in the public at large. We fear that chemicals in our environment may cause tremendous damage to health in future years, damage we cannot at the present time even foresee, just as exposure to cigarette smoke beginning decades ago has caused deaths recognized only in recent years.

This slim account of the present and future of public health may indicate areas of public health activity with legal implications.

First, there is an implication that people must have freedom to obtain one important means for health—medical care. Perhaps this is not mainly a legal problem. Maybe it is more an economic problem. It certainly does seem to

be a political problem. But it is evident that today in this country we do not all have equal access to this important means of preserving health. There are still economic, cultural, even racial discriminations against the obtaining of medical care. It seems to me that, in the broadest sense, this type of discrimination presents a legal as well as an economic and political problem.

Second, and more sharply a legal problem, we must assure the public that what is obtained as medical care is worth obtaining. I notice a great deal of discussion about the quality of care in hospitals, and I hope this will add needed emphasis to preserving and improving the quality of hospital care. Formerly this was a matter left entirely to the physician. It is still largely in the hands of physicians, and I believe it should be. However, like so many things, quality of care has become too important to leave exclusively to the profession involved. That is why the quality of care in hospitals is getting on the political agenda. In California and some other States, legal provisions are being developed to assure that the personal health services people get are worth obtaining. We have, for example, specific laws for control of cancer quackery, for subjecting alleged diagnostic and therapeutic agents to critical examination by a body of scientists, chosen for their public interest as well as technical competence, and for controlling the sale of useless and possibly fraudulent means purporting to preserve personal health. To assure that adequate medical services, rather than frauds, are available requires legal action.

Third, there is the need for laws to protect us against major contamination of the environment. Most notable today is the effort to prevent air pollution through control of automotive exhaust and discharges from industry. We also have to continue protecting food and water from the adverse effects of radioactivity, pesticides, and a wide variety of other hazards.

Fourth, and this is a somewhat more contro-

versial matter, I would submit that the law should protect people against entrapment in habits deleterious to their health. Immediately here one thinks of the problem of narcotics peddling. No one doubts that narcotics peddling must be controlled by law. Such control is a societal responsibility; the law interposes protection against entrapment in a habit deleterious to health. But what about drinking and driving? Here we have a whole pattern of social custom and practice which is tolerated, if not actually encouraged, and which also leads to entrapment in a habit which can be fatal to the driver or others. What about cigarette smoking? Here is a habit exceedingly harmful to health. I'm not suggesting that we undertake prohibition either of liquor or cigarette smoking. Rather we must find some legal means to minimize the entrapment of individuals in habits which bring harm. We need more than education; we need the strength and character of the law to achieve a social good.

And fifth, I think we need the support of the law in establishing effective machinery for the administration of health services. Health services today are undergoing rapid, dramatic changes. To deal with these changes we must alter some of our machinery. For example, workers in State and local health departments and in the Public Health Service often discuss what approach our present public health agencies should take to problems which are obviously regional. What is going to be the relationship between health department services in the States, counties, and cities to the regional plans necessary for the building of hospital-related medical care facilities? What shall their relationship be to regional undertakings in the control of environmental hazards such as air pollution?

Public health, because of the nature of the problems confronting it and the means which must be developed to handle them, will have to turn for help to the legal profession around government if it is to achieve its goals.